

***Pandemic Planning Coordinating Committee  
Minutes  
September 13, 2006 Meeting***

**Present:** Representative Peter Batula, Christen Bergeron, Stephen Burritt, Dr. Robert Gougelet, Jennifer Harper, Ransey Hill, Michael Horne, Dave Juret, George Klauber, Jose Montero, William Oleksak, Chris Pope, Sue Prentiss, Commissioner John A. Stephen, Neil Twitchell, Nicola Whitley, Deborah Yeager, Recording Secretary: Jennifer Ritchings.

**1. Opening and Purpose**

Dr. Jose Montero, NH State Epidemiologist opened the meeting on behalf of Commissioner Stephen who was briefly delayed and Committee members introduced themselves.

**2. All Hazard Regions Update**

Neil Twitchell provided an overview of the status of the All Hazard Regions. He included the status of each proposal approved to date as well as a list of the types of technical assistance (TA) provided to the AHRs. TA provided included: videoconferences, a listserv, ongoing meetings with AHR representatives and staff from Public Health and Emergency Management, conferences, and others.

Bill Oleksak asked about acute care guidelines. Jose Montero responded that he recently did a presentation on this issue. He said that they are using a Federal Government tool to help provide information on how to choose an acute care site. He said that the New Hampshire plan looks at a particular need, such as 50 people or 100 beds, and puts forth guidelines on how to choose a site. Jose Montero noted that the Medical Surge Plan, that includes information on Acute Care, was recently forwarded to Commissioner Stephen for review. The plan will be distributed for feedback after the internal review is completed. Jose Montero pointed out that one of the videoconference dates may be used to provide technical assistance around acute care centers.

Dr. Gougelet asked if the AHRs felt that they were on information overload or if they felt they could keep up with the demands. George Klauber replied that, in his region, there are two staff members with very strong backgrounds in emergency planning and who are dedicating many hours each week to this task. He said that he does not think that all of the regions are fortunate enough to have that level of staffing and could fall behind. For example, his staff has already worked on designating a site for an acute care center. They even have CAD drawings showing patient flow. He said that he estimates that they have put in 80-90 hours on this project. The concern is for regions that do not have the ability to dedicate staff time like that. George Klauber said that his region is very willing to share the work that they have already done with other regions. He said that his staff might even be shared if necessary.

Jose Montero said that learning from each other is a very important focus of the regions. He said that the videoconferences offer an opportunity to share information and

resources between regions. Regions that are ahead in planning can share what they have done and how they did it with regions that are behind. He said that it is great to show support for each other.

George Klauber said that his region is already beginning to plan their first drill and will be asking to use some of their funds to pay for it. He noted that other regions might be able to use this drill as a model for their own drills. The concern is still that it takes many hours a week for the staff members to keep up with the demands, sometimes 16-18 hours each week. Other regions are not able to dedicate that level of staff time.

Neil Twitchell said that he has not received any feedback from the regions that they feel overwhelmed. He said that many feel that the task is more doable now that they are actually working on it. He said that they will be holding a meeting of the Points of Contact next week and they will be able to share more feedback at that time. Neil Twitchell agreed that sharing information and plans between regions is a good idea because it means that regions will not be reinventing what someone else has already done. Jennifer Harper pointed out that field representatives are in each of the regions working with contacts and providing technical assistance.

Representative Batula asked about the response from each of the communities in the region. George Klauber said that getting all of the communities together has been one of the more overwhelming aspects of the process. He said that it has involved a lot of telephone calls and knocking on doors. The hard part is getting people interested to show up at the meetings. He said that some areas have canceled meetings since there was a very low turnout expected.

Representative Batula said that he was concerned that there are some areas that are putting things in motion and other areas that are behind. He said that he would be concerned about those that are behind not being at the table. George Klauber said that some communities are saying, "go ahead and plan and let us know what you decide." He said that some might share in the process because of the money. He said that they try to invite all communities to work as a team, but they run into problems when some communities just want to receive the finished product, not participate. He said that communities who do not stay active would fall behind. George Klauber said that it couldn't just be one person doing it. It takes a team. He said that is why it is really important to have Selectmen and others buy in and put this on their agenda. That is not an easy task, however.

Representative Batula asked what George Klauber thought would happen in the communities that were not participating if an event happened. George Klauber responded that he believed that they would fall back on the problem-solving processes that had worked for them in the past. They would not look to the work that has been done and would rely on the State. Peter Batula asked if the Regions were working together to say they are all ready. Dr. Gougelet said that he felt that it was part of the overall plan, but the process is still in the initial stages. He said that it would take time for them to reach that goal. He said one area by which it may be measured is their ability to stand up clinics. Some areas are prepared to do this and have even done it in the past. Other areas are years away from the capability. He said that it is an incredible task to undertake and involves new thinking around mass casualties and mass immunizations. While there are some discouraging things, there are many more encouraging things going

on in the State. Dr. Gougelet said that they are working on plans, buying supplies, and moving ahead steadily. He said that they are making progress.

Neil Twitchell said that, overall, they have only had a conversation with elected officials in less than a half dozen communities that needed to address concerns and act like an intervention. He said that it shows the overall willingness of communities to be involved in this process.

George Klauber said that one of the hardest things to overcome is finding a contact person in each town other than the Fire or Police Chief. He said that many communities do not have or cannot identify their Emergency Management Director. Those that do have an Emergency Management Director may not have one with a lot of background or experience in emergency management. He said that it is difficult because communities without an Emergency Management Director have no direction and no coordination. He said that towns should determine a contact for emergency management to help make decisions and coordinate activities.

Bill Oleksak said that he thinks that local planning groups need to get back on board. He said that the plans need to be kept as a living document. In his area, they are not meeting on a regular basis so he has been attending meetings in a nearby community. He said that, sometimes, there is even opposition in the town. Jennifer Harper pointed out that in cases like that, they can do an intervention with the towns.

Chris Pope said that the intervention is a critical piece. He said that, in such a small State, there is a lot of opportunity for networking. He said that is something to take advantage of to build bridges between communities. He said that the field representatives are great resources in the regions and can give information on updated lists of local emergency contacts and current plans.

Representative Batula noted that one of the big problems of 9/11 was that people and groups were not talking to each other. He said that once a plan is developed, it needs to be a working document, and there needs to be communication. Dr. Gougelet said that New Hampshire has a very strong relationship between the Department of Safety and the Department of Health and Human Services, and that is not true in all states. He said that it is important to have that relationship in order to bring the right people to the table for the discussions.

Chris Pope said that he thinks it is important to stay involved in the Regional Meetings. He said that he would be going to the Berlin meeting in October. He said that it would give him a chance to be a cheerleader and support the region. He said that he would encourage that this type of support continue whenever BEM and DHHS have the opportunity.

Commissioner Stephen noted that he recently attended a meeting Strafford County. He said that the meeting really showed how well the group could work together, even with just a small amount of money. He also pointed out that the meeting gave him a couple of important issues that need to be addressed. For example, there is the question of Electronic Records and how systems will be integrated. He said it was something that had not been looked at, but should be. Commissioner Stephen said that he has also attended meetings in Concord and Laconia and they were good, too. He said that it is his goal to give as much assistance as possible. He noted that Dr. Gougelet's new contract makes him the Medical Director for the AHRs so he will be available for support to the Regions.

George Klauber said that engaging the press is good, too. He said that they are planning a mini-drill and will be looking for coverage from WMUR, the *Eagle Tribune*, and others. He said that this kind of coverage helps to start conversations about Regional Planning and gets people interested in what is going on.

### 3. **Proposals**

#### *Region 3*

Neil Twitchell noted that Region 3 is very small and rural. They will be using funds to hire a consultant to coordinate activities since the communities do not have municipal staff to take on the responsibilities. Commissioner Stephen asked if this Region was including funds for attendance at conferences and meetings in their proposal. Neil Twitchell replied that adding funds for that purpose was one of the revisions requested and they did add those funds.

George Klauber asked if there were enough consultants available with the right qualifications to meet the demand. Jose Montero said that, overall, Jennifer Harper and Neil Twitchell are familiar with the qualifications of the consultants that the Regions are looking at and would be able to give input on them. He said that Jennifer Harper and Neil Twitchell are there to assist the Regions in this type of decision. Commissioner Stephen noted that the role of the consultant is to be a facilitator to bring people together. Neil Twitchell added that the consultants would also be writing the draft plans based on the meetings. Jennifer Harper said that the consultants fill a role in Regions that don't have other staff to do the work.

#### *Region 9*

Neil Twitchell said that this Region is making good progress. They have already had a few meetings of the Regional Coordinating Committee and almost all of the MOUs are signed. They have completed the CDC self-assessment and their workplan looks good. He said that they would be hiring a consultant to facilitate the draft plan and work on educational materials. They are also providing a lot of in-kind support. Commissioner Stephen asked why this Region's proposal was delayed. Neil Twitchell said that this Region was bringing in 5-6 towns from a different county and that caused the delay. However, this proposal was completed first after the last round had been approved so it is the one that has been waiting the longest.

#### *Region 18*

This region has already had 3 meetings of its Regional Coordinating Committee and almost all MOUs are signed. Their consultant will be focusing on POD planning and completing the POD coordination plan. One-third of their funds will be going to stipends to the municipalities to ensure their participation in the planning process. They will also be putting significant funds to educational materials. This Region will need a lot of TLC and oversight moving forward, but they are making progress.

**ACTION:** George Klauber made the motion to approve the proposal for funding for Region 3, Region 9, and Region 18. Bill Oleksak seconded the motion. Vote: The motion passed unanimously.

#### 4. **Phase II Pan Flu Plan**

Jose Montero said that \$1.3 million are earmarked for New Hampshire for Phase II funding. He said that these are focused on five priority areas. The grant was submitted on August 31.

Commissioner Stephen asked if allowing State Departments to apply for funds had been discussed. Jennifer Harper said that it was not a question that had been discussed. Jose Montero said that it was not included in the budget submitted to CDC, but they could revise the budget at a later date with justification. Commissioner Stephen said that he felt it was something that should be discussed because it is important to reach out to other State Departments who are also engaged in pandemic planning. He noted that Continuity of Operations Planning must have some cost associated for the Departments.

George Klauber said that his Region is looking at the issue of tracking people and has looked at a system where people would fill out an online form and be given a card. The card would then be scanned at the site. He said that they are looking into using the school as a site and having the school children issued cards so that they can simulate an event and find the “pinch points”. He said that they are hoping to have simple database to be able to share.

Jose Montero suggested demonstrating this for a videoconference. He said that this database would be for patient tracking. He said that they have been waiting for Outbreak Management Software that is now installed and they will be testing. He said that this would help with patient flow and transfers. He said that they would be meeting with POD Coordinators to look at a joint approach for this issue. Jose Montero said that it is important for them to be talking to each other so that the software is integrated.

Neil Twitchell said that he will ask the POCs what software they are looking at or developing to make sure they are compatible.

George Klauber said that he would like their plan to be offered as a test. He said that they would not want to buy something incompatible, but they really want to move forward with this very soon.

Commissioner Stephen said that one role of the Pandemic Planning Coordinating Committee is coordinate these types of issues. He suggested forming a subgroup of State planners and locals to look at this issue and inform the group.

Dr. Gougelet noted that Dartmouth has been developing a system that will track hospital bed capacity, ACC Capacity, etc. This is different from POD tracking. He said that they are still looking at the best place for it to be housed.

George Klauber said that one of the concerns in developing the system is HIPAA. He said that they want to be as paperless as possible, but HIPAA may mean signed forms to keep track of. Jose Montero replied that HIPAA works differently in an emergency.

## **5. Rhode Island Meeting**

Commissioner Stephen said that a group from New Hampshire recently attended a meeting in Newport, RI around coordinating efforts in New England/New York. He said that he feels very good about what is going on in New Hampshire based on this meeting. He said that it was very clear that Emergency Management and Health need to work together. That is something that is happening in New Hampshire, but not in other states. He said that there also needs to be better coordination between the states. For example, Massachusetts recently ordered spraying for EEE in their state, but did not notify New Hampshire. This caused some confusion and questions in New Hampshire from people concerned that Mass. was spraying, but New Hampshire was not. He said that it is important to work together and determine priorities. That is why it is important for the Governors to work together.

Chris Pope noted that Rhode Island would be proposing a discussion on this topic for the Council of Governors meeting in February. Commissioner Stephen said that they will continue policy discussions and that the importance of integration between BEM and DHHS will be key. Chris Pope said one of the areas to discuss is Chain of Command, not so much who is in command, but the chain. He said that they would need specific guidance on those types of issues. Jose Montero said that a good example is community containment. New Hampshire has been working on developing these plans for a long time so the state is far ahead of other states.

Dr. Gougelet noted that there would be a medical surge meeting on September 25 prior to the Pandemic meeting.

## **6. Legislation**

Commissioner Stephen said one key area coming up is legislation. There are many important issues that have come up as part of the discussions in the Regions like standards of care, volunteer issues, hospital beds, and much more. He said that Representative Batula and Senator Clegg have agreed to sponsor legislation similar to what was defeated last year, only more comprehensive. He said that it would be important to have bi-partisan, unified support for the legislation. Commissioner Stephen noted that some laws that had been on the books were repealed and some of the new legislation will require significant appropriations.

## **7. Acute Care Centers**

Commissioner Stephen suggested establishing an Acute Care Center subcommittee. He said that Lloyd Peterson would send out an invitation to PPCC members to see who is interested in joining.

Jose Montero noted that there has been a good group of people working on this question. He said that the question of what to do with people who are sick is a big issue. Hospitals can surge, but not enough for this situation. The question remains as to where they can be put. Hospitals will see increased demand with a decrease in staff due to illness and other factors. There are also questions like: can we ask people to postpone elective surgery? How will hospital revenues be impacted? There is specific guidance based on national standards.

There will need to be Acute Care Centers in each of the Regions. Each of the Regions will need a different level of capacity based on the population of the Region. There will also be peaks in need that should be planned for. Jose Montero said that it is a very complex situation.

Another question to look at is who will staff the Acute Care Centers. The hospitals cannot do it. There will need to be agreements and standards. For example, can a nurse oversee volunteers? There is also the question of resources, supplies, medications and where they will come from. Also, how will the patients be tracked?

Jose Montero said that the Commissioner now has the plan for review and will be shared when the review is completed. Then, the communities will be asked for input that will help to fill in some of the details. This needs to be a joint effort with the State, the Regions, and the hospitals. There is also a hospital surge plan being developed that will flow into the Medical Surge Plan.

Commissioner Stephen said that he would share the plan with Chris Pope and Governor Lynch. He said that he is aware that this is something that the Regions are waiting for.

Chris Pope asked for the PowerPoint presentation to be emailed to him as well. He asked how the plan is addressing the legal issues.

Commissioner Stephen said that they have a committee looking at the legal issues headed by John Wallace. They are working on a draft of the legislation to bring to the Committee for approval. The timeline for this will be after the November elections. Chris Pope asked that someone from the Department of Safety be included. Commissioner Stephen said that Nancy Smith at the Attorney General's office and Marta Modigliani from Safety have been working with the group.

Commissioner Stephen said that they will be looking at the legislation that was defeated last year and adding additional items, such as an appropriation for antivirals, communicable disease, standard of care. He said that it would be a very comprehensive piece of legislation so it is important to have everyone involved. They will also be looking at putting the 19 Regions into statute since there is nothing in the law now. He said that it is important to give them some level of stability so that they continue.

George Klauber said that, all too often, it seems that the locals get bogged down on legal issues. He said that they couldn't do that. The conversation needs to move forward. He said that the way that he pushes the conversation forward is to say that, in a life or death situation, all rules are aside. George Klauber said that he would ask his group for input on this issue. Jose Montero said that one of the things that he says a lot is "tell me what laws you are going to break and we'll work on it". He said that it is important not to say "we can't do it," but instead "what will we need to do?"

Commissioner Stephen said that RSA 4 gives certain powers in a State of Emergency where some laws are relaxed. But, it does not do everything. For example, reimbursements to hospitals. Chris Pope said that there would need to be cash in an account to spend. Dr. Gougelet said that this is the level of detail that needs to be looked at. Chris Pope said that drills would help to identify more issues. Commissioner Stephen said that the issues are evolving. The legislation put forward last year addressed some issues, but it has become clear that even more needs to be done.

Christen Bergeron asked about the Medical Surge Plan that mentions 1500 beds in the state. She asked if this was the expected surge or the number of beds. Jose Montero

said that it was the number of beds needed at the ACC. He said that there is a difference between available beds and staffed beds. The state has close to 2800 available beds but only around 2100 staffed beds. Hospitals have a surge capacity, but in a pandemic scenario the needs go beyond what hospital can provide and there is when the ACC and the 1550 community based beds come to play. He said that there were a lot of variables that they looked at for the Medical Surge Plan. They did not choose to plan for the worst-case scenario, but chose one based on what the CDC proposed. Chris Pope noted that the situation chosen was still pretty severe.

8. **Other Items**

George Klauber noted that he was recently approached by a Girl Scout doing a project on Preparing for a Pandemic for school-aged children. He said that it was nice to see that kind of interest.

9. **Next Meeting**

*November 1, 2006  
1:00 PM – 3:00 PM  
Brown Building, Room 460  
129 Pleasant St  
Concord, NH*

10. **Adjournment**

The meeting adjourned at 3:00 PM.

Respectfully submitted, Jennifer Ritchings, Recording Secretary.